


## **EXHIBIT 1**

Agency Case Number C000671920-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County FANNIN		Date Rec. by GDOT	
Estimated Crash Date 03/15/20 Time 23:15		Dispatch Date 03/15/20 Time 23:20		Arrival Date 03/15/20 Time 23:51		Total Number of Vehicles 2 Injuries 3 Fatalities 1		Inside City Of BLUE RIDGE			
Road of Occurrence GA 2						At its Intersection With					
Not At Its Intersection But 25						Of BLUE RIDGE DRIVE					
Latitude (Y) 34.87298						Longitude (X) -84.32289					
(Format) 00.00000						(Format) -00.00000					
Unit # 1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike		LAST NAME ELLIOTT		FIRST HUNTER		MIDDLE ETHAN		Unit # 2	
		<input type="checkbox"/> Susp At Fault		Address 2864 DRY BRANCH RD				<input type="checkbox"/> Susp At Fault		Address PO BOX 65	
City BLUE RIDGE		State GA		Zip 30513		City SHANNON		State GA		Zip 30172	
Driver's License No.		Class D		State GA		Country UNITED STATES		Driver's License No.		Class C	
Insurance Co. PROGRESSIVE		Policy No. 930626079		Telephone No.		Insurance Co. PROGRESSIVE		Policy No. PROGRESSIVE		Telephone No.	
Year 2016		Make FORD		Model SUPER DUTY		Year 2008		Make FORD		Model ESCAPE	
VIN 1FT7W2BT9GEC79140		Vehicle Color GRY		VIN 1FMCU03178KA77952		Vehicle Color BLU					
Tag # RRN3130		State GA		County FANNIN		Year 2020		Tag # PRH3603		State GA	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name ELLIOTT		First HUNTER		Middle ETHAN		<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name KELLEY	
		Address 2864 DRY BRANCH RD		First SANTANA		Middle SHEREE				Address 325 3RD ST	
City BLUE RIDGE		State GA		Zip 30513-5720		City SHANNON		State GA		Zip 30172-0000	
Removed By: CAR CRAFTERS		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List		Removed By: CAR CRAFTERS		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List					
Alco Test: 1		Type: 1		Results: PEND		Drug Test: 1		Type: 1		Results: 1	
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 4		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1	
Operator Contributing Factors: 2		3		20		31		Operator Contributing Factors: 1			
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1					
Direction of Travel: 4		Vehicle Maneuver: 5		Non-Motor Maneuver:		Direction of Travel: 4		Vehicle Maneuver: 4		Non-Motor Maneuver:	
Vehicle Class: 1		Vehicle Type: 2		Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 1		Vision Obscured: 1	
Number of Occupants: 1		Area of Initial Contact: 12		Damage to Veh: 4		Number of Occupants: 3		Area of Initial Contact: 6		Damage to Veh: 4	
Traffic-Way Flow: 1		Road Comp: 2		Road Character: 2		Traffic-Way Flow: 1		Road Comp: 2		Road Character: 2	
Number of Lanes: 5		Posted Speed: 55		Work Zone: 0		Number of Lanes: 5		Posted Speed: 55		Work Zone: 0	
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Citation Information:		Citation # E03538549		O.C.G.A. § 16-10-24		Citation Information:		Citation #		O.C.G.A. §	
		Citation # E03538548		O.C.G.A. § 40-8-76.1				Citation #		O.C.G.A. §	
		Citation # E03538547		O.C.G.A. § 40-8-71				Citation #		O.C.G.A. §	
COMMERCIAL MOTOR VEHICLES ONLY						COMMERCIAL MOTOR VEHICLES ONLY					
Carrier Name:						Carrier Name:					
Address						Address					
City						City					
State						State					
Zip						Zip					
U.S. D.O.T. #						U.S. D.O.T. #					
No. of Axles						No. of Axles					
G.V.W.R.						G.V.W.R.					
Cargo Body Type Vehicle Config.						Cargo Body Type Vehicle Config.					
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate						<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate					
Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No						Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No					
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No						C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No						C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No						Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No						Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No						Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES: Name or four Digit Number from Diamond or Box: _____						If YES: Name or four Digit Number from Diamond or Box: _____					
One Digit Number from Bottom of Diamond: _____						One Digit Number from Bottom of Diamond: _____					
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					

COLLISION FIELDS											
Manner of Collision:	3	Location at Area of Impact:	7	Weather:	2	Surface Condition:	1	Light Condition:	4		
NARRATIVE											
<p>Vehicle #2 was stopped in the left westbound lane of GA 2, at its intersection with Blue Ridge Drive. Vehicle #1 was traveling in the left westbound lane of GA 2, approaching vehicle #2 from its rear. Vehicle #1 struck the rear of vehicle #2 with its front portion pushing vehicle #2 west into the intersection of GA 2 and Blue Ridge Drive. The driver of vehicle #1 then proceeded to attempt to leave the scene by placing his vehicle in reverse and traveling east inside of the intersection. Vehicle #1 came to a stop at the east side of the intersection due to mechanical failure. Vehicle #1's driver then exited the vehicle and fled the scene on foot. The driver of vehicle #1 later returned to the scene by his own will. Vehicle #1 came to a controlled final rest facing west on the east side of GA 2 and Blue Ridge Drive. Vehicle #1 came to an uncontrolled final rest facing west on the west side of GA 2 and Blue Ridge Drive.</p> <p>This investigation is being investigated by Troop B SCRT.</p> <p>Note: This accident investigation was recorded on DVR by Trooper 650 and Trooper 359.</p>											
DIAGRAM											
<div style="text-align: right;"> INDICATE NORTH  </div>											
PROPERTY DAMAGE INFORMATION											
Damage Other Than Vehicle											
Owner											
WITNESS INFORMATION											
Name (Last, First)		Address		City		State		Zip Code		Telephone Number	
RHODES, TRENTON		151 SUNRISE RD		BLUE RIDGE		GA		30513		706-455-2056	
BARKER, THOMAS		781 BOARD TOWN RD		ELLIJAY		GA		30540		706-502-6582	
MEADERS, CHERI		1435 LOVING RD		MORGANTON		GA		30560		762-210-8053	
NIX, CONNIE		35 HIGH COUNTRY CIRCLE		MORGANTON		GA		30560			
OCCUPANT INFORMATION											
1	Name (Last, First): ELLIOTT, HUNTER					Address: 2864 DRY BRANCH RD BLUE RIDGE, GA 30513					
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	23	M	1	1	0	1	2	2	3	1	
	Injury Taken To: FANNIN REGIONAL		By: FANNIN COUNTY EMS		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:		
2	Name (Last, First): KELLEY, SANTANA					Address: PO BOX 65 SHANNON, GA 30172					
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	23	F	2	1	3	1	2	2	2	1	
	Injury Taken To: FANNIN REGIONAL ER		By: FANNIN COUNTY EMS		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:		
3	Name (Last, First): BRYSON, JOSHUA					Address: 325 E 3RD ST ROME, GA 30161					
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	24	M	2	3	3	1	2	1	2	1	
	Injury Taken To: FANNIN REGIONAL		By: FANNIN COUNTY EMS		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:		
4	Name (Last, First): BRYSON, COHEN					Address: 325 E 3RD ST ROME, GA 30161					
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:	
	2	M	2	4	4	2	2	0	1	2	
	Injury Taken To:		By:		EMS Notified Time: 23:15		EMS Arrival Time: 23:39		Hospital Arrival Time: 23:45		
ADMINISTRATIVE											
Photos Taken:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: 196		Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404)635-2963.					
Report By: MATHESON, S. L. #0650		Agency: GSPB/POST 27		Report Date: 03/16/20		Checked By: TAYLOR, B.D. #0513		Date Checked: 03/21/20			

**SUPPLEMENT**  
**GEORGIA MOTOR VEHICLE CRASH REPORT**

Agency Case Number: C000671920-01

Estimated Crash Date: 03/15/20

Officer Name: MATHESON, S. L. #0650

**NARRATIVE CONTINUED**

**ADDITIONAL CITATION INFORMATION**

<b>Unit # 1</b>	
<b>Citation #</b> E03538548	<b>O.C.G.A. §</b> 40-8-73.1
<b>Citation #</b> E03538545	<b>O.C.G.A. §</b> 40-8-73.1
<b>Citation #</b> E03524197	<b>O.C.G.A. §</b> 40-6-390
<b>Citation #</b> E03524196	<b>O.C.G.A. §</b> 40-6-241(c)(1)
<b>Citation #</b> E03524194	<b>O.C.G.A. §</b> 40-5-121
<b>Citation #</b> E03524193	<b>O.C.G.A. §</b> 40-6-394
<b>Citation #</b> E03519797	<b>O.C.G.A. §</b> 40-6-394
<b>Citation #</b> E03519796	<b>O.C.G.A. §</b> 40-6-270
<b>Citation #</b> E03519795	<b>O.C.G.A. §</b> 40-6-393(A)
<b>Citation #</b> E03519792	<b>O.C.G.A. §</b> 40-6-391(a)(1-5)
<b>Citation #</b> E03519793	<b>O.C.G.A. §</b> 40-6-49
<b>Citation #</b> E03519794	<b>O.C.G.A. §</b> 40-8-6
<b>Citation #</b> E03524195	<b>O.C.G.A. §</b> 40-6-253

ADDITIONAL or FULL PAGE DIAGRAM

Page 4 of 4

